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Date: January 11, 2006
To: Examiner: ROSASCO, Stephen D.
Group Art Unit: 1756
Voice:

Facsimile Tel. No.:

Number of Pages (including cover sheet) 16

From: Patrick J. Finnian

Voice: (301)424-3640

Atty Docket: 3000.0039C

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1901 Research Boulevard
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Rockville, Maryland 20850

Appl. No.	:	10/787,118
Applicant	:	Shahid Butt et al.
Filed	:	February 27, 2004
TC/A.U.	:	1756
Examiner	:	ROSASCO, Stephen D.
Confirmation No.	:	5079
Docket No.	:	3000.0039C
Customer No.	:	054500
Title	:	Phase-Shift Mask

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The following facsimile transmission contains the following:
1) Transmittal Letter (2 pages); and
2) Amendment (13 pages);

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571 273-8300 on January 11, 2006.

Patrick J. Finnian

Signature: 

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on January 11, 2006.

Signature:

Patrick J. Finnegan

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TRANSMITTAL OF AMENDMENT

Enclosed are the following documents in response to the Office Action mailed October 11, 2005 for the above-identified application:

- ☒ Amendment (13 Pages)
☐ Petition for Extension of Time
☐ Request for Approval of Drawing Changes
☐ Notice of Appeal
☐ Associate Power
☐ Revocation and New Power
☐ Change of Address
☐ Return receipt postcard
☐ Check No. _____ in the amount of \$ _____ for the total fee as calculated below
☐ Other:

U.S. Patent Application Serial No. 10/787,118
Shahid Butt, et al.

The fee has been calculated as follows:

	NO OF CLAIMS REMAINING	NO. OF CLAIMS PREVIOUSLY PAID FOR	NO OF EXCESS CLAIMS	RATE	FEE
Total Claims	8	- 20 =	0	\$50.00	0.00
Independent Claims	1	- 3 =	0	\$200.00	0.00
If multiple dependent claims are presented, add \$360.00					0.00
Total Amendment Fee					0.00
<input type="checkbox"/> Applicant claims Small Entity Status (subtract 50% of Total Application Fee)					0.00
Other fees: (specify)					0.00
TOTAL FEE DUE					0.00

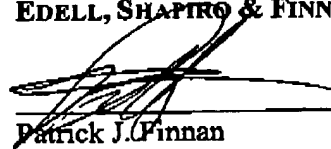
- ☐ A check for the total fee is attached.
- ☐ Please charge \$ _____ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☒ The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: 1/11/06

EDELL, SHAPIRO & FINNAN, LLC
CUSTOMER NO. 054500
 1901 Research Boulevard, Suite 400
 Rockville, MD 20850
 (301) 424-3640

By: _____

Respectfully submitted by
EDELL, SHAPIRO & FINNAN, LLC


 Patrick J. Finnegan
 Reg. No. 39,189